

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. PF530C1	
		First Inventor Zhizhen Zeng	
		Title Human Tumor Necrosis Factor Receptors TR21 and TR22	
		Express Mail Label No.	

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
<div style="display: flex; justify-content: space-between;"><div><p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing) See 37 CFR 1.27.</small></p><p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p><p>3. <input checked="" type="checkbox"/> Specification [Total Pages 220] <small>(preferred arrangement set forth below)</small><ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure</p><p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 12]</p><p>5. Oath or Declaration [Total Sheets 4]<div style="margin-left: 20px;"><p>a. <input type="checkbox"/> Newly executed (original or copy)</p><p>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small></p><p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></p></div></p><p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 (3 pages)</p></div><div style="vertical-align: top;"><p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p><p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)<div style="margin-left: 20px;"><p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p><p>b. Specification Sequence Listing on:<div style="margin-left: 20px;"><p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p><p>ii. <input checked="" type="checkbox"/> Paper</p></div></p><p>c. <input checked="" type="checkbox"/> Statements verifying identity of above copies</p></div></p></div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">ACCOMPANYING APPLICATIONS PARTS<div style="display: flex; justify-content: space-between;"><div><p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p><p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney</p><p>11. <input type="checkbox"/> English Translation Document (if applicable)</p><p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p><p>13. <input type="checkbox"/> Preliminary Amendment</p><p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p><p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p><p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p><p>17. <input checked="" type="checkbox"/> Other: Statement Under 37 C.F.R. 1.821(f)</p></div></div></div>			

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

Prior application information: Examiner **E. O'Hara** Art Unit: **1646**

of prior application No.: **09/910,562**

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label


22195

☐ Correspondence address below

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City	State
Country	Telephone
	Zip Code
	Fax

Name (Print/Type)	Lin J. Hymel	Registration No. (Attorney/Agent)	45,414
Signature		Date	July 17, 2003

16235 U.S. PRO
10/620562
07/17/03

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="font-size: small; margin: 0;">Effective 01/01/2003, Patent fees are subject to annual revision.</p>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
		Not Yet Assigned	
		Filing Date	
		Concurrently Herewith	
		First Named Inventor	
		Zhizhen Zeng	
		Examiner Name	
		Not Yet Assigned	
		Art Unit	
		N/A	
TOTAL AMOUNT OF PAYMENT		(\$)	1,272.00
		Attorney Docket No.	PF530C1

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc. The Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				FEE CALCULATION (continued)																																																																																																																																																																																																																																															
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1201	84	2201	42	Independent claims in excess of 3																																																																																																																																																																																																																																															
1203	280	2203	140	Multiple dependent claim, if not paid																																																																																																																																																																																																																																															
1204	84	2204	42	** Reissue independent claims over original patent																																																																																																																																																																																																																																															
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																																																																															
SUBTOTAL (2)					(\$) 522.00																																																																																																																																																																																																																																														

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Lin J. Hymel	Registration No. (Attorney/Agent)	45,414
Signature		Telephone	(301) 251-6015
		Date	July 17, 2003